

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning 08/01, 2005, and ending 07/31/2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: WORLD BIRD SANCTUARY. D Employer identification number: 43-1184675. E Telephone number: (636) 861-3225. F Accounting method: Cash, Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

G Website: WWW.WORLDBIRDSANCTUARY.ORG

J Organization type (check only one): X 501(c)(03) (insert no) 4947(a)(1) or 527

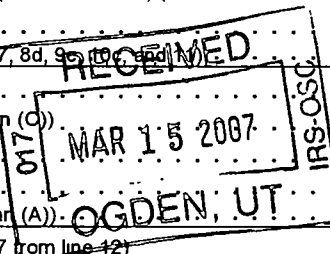
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,436,820.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED APR 02 2007

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

4 6/2/5

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc	<b>25</b> 71,000.	<b>25</b> 55,380.	<b>25</b> 6,177.	<b>25</b> 9,443.
<b>26</b> Other salaries and wages	<b>26</b> 615,274.	<b>26</b> 480,082.	<b>26</b> 53,403.	<b>26</b> 81,789.
<b>27</b> Pension plan contributions	<b>27</b> NONE			
<b>28</b> Other employee benefits	<b>28</b> 101,017.	<b>28</b> 59,876.	<b>28</b> 28,655.	<b>28</b> 12,486.
<b>29</b> Payroll taxes	<b>29</b> 52,891.	<b>29</b> 41,384.	<b>29</b> 4,535.	<b>29</b> 6,972.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 76,889.	<b>33</b> 72,552.	<b>33</b> 936.	<b>33</b> 3,401.
<b>34</b> Telephone	<b>34</b> 21,682.	<b>34</b> 13,852.	<b>34</b> 6,258.	<b>34</b> 1,572.
<b>35</b> Postage and shipping	<b>35</b> 10,570.	<b>35</b> 3,869.	<b>35</b> 3,889.	<b>35</b> 2,812.
<b>36</b> Occupancy	<b>36</b> 70,848.	<b>36</b> 66,761.	<b>36</b> 4,087.	
<b>37</b> Equipment rental and maintenance	<b>37</b> 12,576.	<b>37</b> 12,238.	<b>37</b> 327.	<b>37</b> 11.
<b>38</b> Printing and publications	<b>38</b> 38,349.	<b>38</b> 20,690.	<b>38</b> 572.	<b>38</b> 17,087.
<b>39</b> Travel	<b>39</b> 95,616.	<b>39</b> 82,043.	<b>39</b> 5,158.	<b>39</b> 8,415.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 1,261.	<b>41</b> 1,117.	<b>41</b> 144.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 128,508.	<b>42</b> 114,765.	<b>42</b> 11,782.	<b>42</b> 1,961.
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> STMT 5	<b>43a</b> 286,759.	<b>43a</b> 235,503.	<b>43a</b> 28,571.	<b>43a</b> 22,685.
<b>b</b> -----	<b>43b</b>			
<b>c</b> -----	<b>43c</b>			
<b>d</b> -----	<b>43d</b>			
<b>e</b> -----	<b>43e</b>			
<b>f</b> -----	<b>43f</b>			
<b>g</b> -----	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b> 1,583,240.	<b>44</b> 1,260,112.	<b>44</b> 154,494.	<b>44</b> 168,634.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 6</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a FACILITIES- REHABILITATE SPECIES AND MAINTAIN FACILITIES</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>145,666.</b>
<b>b ZOO PROGRAMS- PROVIDE EDUCATION PROGRAMS FOR ZOOLOGICAL INSTITUTIONS AND THEME PARKS THROUGHOUT THE UNITED STATES</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>335,609.</b>
<b>c VECTOR CONTROL- PROVIDE TO VARIOUS COMPANIES A SERVICE OF HUMANELY REMOVING POTENTIALLY DISEASE-CARRYING PIGEONS FROM WORK FACILITIES</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>16,917.</b>
<b>d EDUCATIONAL PROGRAMS- PROVIDE A VARIETY OF EDUCATIONAL PROGRAMS AT LONE ELK STATE PARK, CLARKSVILLE EAGLE CENTER, CASTLEWOOD STATE PARK, AND AREA SCHOOLS</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>304,355.</b>
<b>e Other program services (attach schedule) SEE STATEMENT 7</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>457,565.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . . ►	<b>1,260,112.</b>

**Part IV Balance Sheets (See the instructions)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing . . . . .	19,948.	45	19,318.
	46 Savings and temporary cash investments . . . . .	371,624.	46	239,031.
	47a Accounts receivable . . . . .	47a 111,189.		
	b Less: allowance for doubtful accounts . . . . .	47b 2,000.	93,499.	47c 109,189.
	48a Pledges receivable . . . . .	48a		
	b Less allowance for doubtful accounts . . . . .	48b		48c
	49 Grants receivable . . . . .			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			50
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		
	b Less allowance for doubtful accounts . . . . .	51b		51c
	52 Inventories for sale or use . . . . .	16,249.	52	14,570.
	53 Prepaid expenses and deferred charges . . . . .	12,896.	53	1,600.
	54 Investments - securities (attach schedule) <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	60,029.	54	59,461.
	55a Investments - land, buildings, and equipment basis . . . . .	55a		
	b Less accumulated depreciation (attach schedule) . . . . .	55b		55c
56 Investments - other (attach schedule) . . . . .			56	
57a Land, buildings, and equipment basis . . . . .	57a 2,809,752.			
b Less accumulated depreciation (attach schedule) . . . . .	57b 816,125.	2,064,805.	57c 1,993,627.	
58 Other assets (describe <input type="checkbox"/> <b>STMT 9</b> )	5,200.	58	5,250.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	2,644,250.	59	2,442,046.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	58,009.	60	48,711.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . . <b>STMT 10</b>	29,261.	64b	8,323.
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	87,270.	66	57,034.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted . . . . .	2,556,980.	67	2,345,012.
	68 Temporarily restricted . . . . .		68	40,000.
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	2,556,980.	73	2,385,012.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	2,644,250.	74	2,442,046.



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ... 22
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ... 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
d Does the organization have a written conflict of interest policy? ... 75d X

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d with 'X' marks in the No column.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows dashes and -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

- 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. ... 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes ... 77 X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ... 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? ... 78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. ... 79 X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? ... 80a X
b If "Yes," enter the name of the organization and check whether it is [ ] exempt or [ ] nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions). ... 81a NONE
b Did the organization file Form 1120-POL for this year? ... 81b X

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81b with 'X' marks in the No column.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A	
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE	NONE	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90 a	List the states with which a copy of this return is filed	NONE	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	31
91 a	The books are in care of	PATRICIA LURK Telephone no 636-931-0590	
	Located at	FESTUS, MO ZIP + 4 63028	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a STMT 16					1,025,719.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	7,674.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					61,356.
103 Other revenue a					
b AFB SETTLEMENT			01	11,316.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				18,990.	1,087,075.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,106,065.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	STMT 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: WALTER C. RAWFORD JR. Date: 3/9/07  
 Type or print name and title: WALTER C. RAWFORD JR., EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature: Judith Emery Date: 3-7-07 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): P00325547

Firm's name (or yours if self-employed), address, and ZIP + 4: RUBINBROWN LLP EIN: 43-0765316  
ONE NORTH BRENTWOOD Phone no: 314-290-3300  
SAINT LOUIS, MO 63105

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Name of the organization

**WORLD BIRD SANCTUARY**

Employer identification number

**43-1184675**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . ▶ **NONE**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ **NONE**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ **NONE**

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, grants, and donor accounts.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 [ ] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [ ] A school Section 170(b)(1)(A)(ii) (Also complete Part V )
7 [ ] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [ ] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
9 [ ] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A )
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
11b [ ] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
12 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A )
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization [ ] Type 1 [ ] Type 2 [ ] Type 3

Provide the following information about the supported organization's (See page 6 of the instructions )

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for years (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 7 of the instructions.) **NOT APPLICABLE**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	<b>32d</b>	
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----	<b>33h</b>	
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -	<b>41</b>	
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 . . . . . \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: (i) Cash, (ii) Other assets, (i)-(vi) Other transactions, and (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES

=====

DESCRIPTION

-----

AMOUNT

-----

GROSS SALES LESS RETURNS AND ALLOWANCES

84,255.

-----

TOTAL

84,255.

=====

FORM 990, PART I - COST OF GOODS SOLD

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
COST OF GOODS SOLD	16,249.	21,220.			14,570.	22,899.
TOTALS	16,249.	21,220.			14,570.	22,899.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION  
-----

AMOUNT  
-----

UNREALIZED LOSS ON INVESTMENTS

2,649.  
-----

TOTAL

2,649.  
=====

FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
WALTER CRAWFORD COMPENSATION:	55,380.	6,177.	9,443.
TOTALS	55,380.	6,177.	9,443.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INSURANCE	82,659.	76,511.	767.	5,381.
UTILITIES	24,570.	22,177.	2,393.	
FEED	12,239.	12,239.		
MISCELLANEOUS	46,919.	41,588.	2,634.	2,697.
PURCHASE OF BIRDS	659.	659.		
AUTOMOBILE AND TRUCK EXPENSES	58,178.	46,099.	8,821.	3,258.
OFFICE SUPPLIES AND STATIONERY	12,086.	5,550.	2,828.	3,708.
PROFESSIONAL SERVICES AND FEES	28,826.	18,326.	7,800.	2,700.
ADVERTISING	4,155.		976.	3,179.
BAD DEBT EXPENSE	275.	275.		
DUES AND SUBSCRIPTIONS	2,136.		374.	1,762.
INTERNS/VOLUNTEER EXPENSE	12,079.	12,079.		
FEES	1,170.		1,170.	
PERMITS	808.		808.	
TOTALS	286,759.	235,503.	28,571.	22,685.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE MISSION OF WORLD BIRD SANCTUARY (WBS) IS TO PRESERVE THE EARTH'S BIOLOGICAL DIVERSITY AND TO SECURE THE FUTURE OF THREATENED BIRD SPECIES IN THEIR NATURAL ENVIRONMENTS. WBS WORKS TO FULFILL ITS MISSION THROUGH EDUCATION, PROPAGATION, FIELD STUDIES, AND REHABILITATION.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
AIR FORCE BASE PROJECTS-PROVIDE BIRD CONTROL WITHIN THE AIRPORT ENVIRONMENT TO PREVENT BIRD STRIKE DAMAGE TO AIRPLANES		215,785.
HABITAT MANAGEMENT-WORK WITH LOCAL BUSINESSES TO HELP RESTORE HABITAT AND ENCOURAGE WILDLIFE THROUGH NESTBOXES		19,360.
KUPFERBERG BUILDING - HOUSES BIRDS USED FOR EDUCATIONAL PURPOSES, FOR HOUSING AND RAISING QUAILS, AND FOR HOUSING BABY BIRDS		19,847.
BEHAVIOR STUDY AND TRAINING - BREED NATIVE AND EXOTIC SPECIES OF RAPTORS AND TRAIN BIRDS AND OTHER ANIMALS USED IN EDUCATIONAL PRESENTATIONS		122,363.
ENVIRONMENTAL MANAGEMENT - CONSULTING WORK TO HELP RESTORE HABITAT AND ENCOURAGE WILDLIFE		80,210.
TOTALS		457,565.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
COMMON STOCKS	59,461.
TOTALS	59,461.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	5,250.
TOTALS	----- 5,250. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: NOTE PAYABLE-1998 CHEVY  
 ORIGINAL AMOUNT: 16,520.  
 DATE OF NOTE: 07/04/2001  
 MATURITY DATE: 07/04/2006  
 REPAYMENT TERMS: 60 MONTHLY PAYMENTS OF \$334.89  
 SECURITY PROVIDED: 1998 CHEVY  
 PURPOSE OF LOAN: VEHICLE LOAN

BEGINNING BALANCE DUE ..... 3,541.

LENDER: NOTE PAYABLE- FORD WINDSTAR  
 ORIGINAL AMOUNT: 14,481.  
 DATE OF NOTE: 06/22/2002  
 MATURITY DATE: 07/01/2007  
 REPAYMENT TERMS: 60 MONTHLY PAYMENTS OF \$289.74  
 SECURITY PROVIDED: FORD WINDSTAR  
 PURPOSE OF LOAN: VEHICLE LOAN

BEGINNING BALANCE DUE ..... 6,195.

LENDER: NOTE PAYABLE - 1999 FORD WINDSTAR  
 ORIGINAL AMOUNT: 10,500.  
 INTEREST RATE: 5.500000  
 DATE OF NOTE: 08/09/2003  
 MATURITY DATE: 08/09/2006  
 REPAYMENT TERMS: 35 PAYMENTS OF \$244.60 AND A BALLOON PMT OF \$3,083  
 SECURITY PROVIDED: 1999 FORD WINDSTAR  
 PURPOSE OF LOAN: VEHICLE LOAN

BEGINNING BALANCE DUE ..... 3,985.

LENDER: NOTE PAYABLE - FORD WINDSTAR XL VAN  
 ORIGINAL AMOUNT: 10,100.  
 INTEREST RATE: 5.500000  
 DATE OF NOTE: 10/15/2003  
 MATURITY DATE: 10/04/2007  
 REPAYMENT TERMS: 48 MONTHLY PAYMENTS OF \$234.88  
 SECURITY PROVIDED: FORD WINDSTAR XL VAN  
 PURPOSE OF LOAN: VEHICLE LOAN

BEGINNING BALANCE DUE ..... 5,527.  
 ENDING BALANCE DUE ..... 2,951.

-----

LENDER: NOTE PAYALBE-FORD E/350  
 ORIGINAL AMOUNT: 14,020.  
 INTEREST RATE: 6.250000  
 DATE OF NOTE: 09/03/2004  
 MATURITY DATE: 09/03/2007  
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$428.63 FOR 35 MONTHS  
 SECURITY PROVIDED: FORD E/350  
 PURPOSE OF LOAN: VEHICLE LOAN

BEGINNING BALANCE DUE .....	10,013.
ENDING BALANCE DUE .....	5,372.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	29,261.
---	---------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	8,323.
--	--------

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WALTER CRAWFORD 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	EXECUTIVE DIRECTOR 40	71,000.	19,325.	NONE
WALTER CRAWFORD RECEIVED \$19,325 RELATED TO HEALTH, LIFE, DENTAL, AND LONG-DISABILITY BENEFITS PAID FOR BY THE ORGANIZATION.				
SUSAN POLING 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD PRESIDENT 1-2	NONE	NONE	NONE
THOMAS E. ROLLINS 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	VICE PRESIDENT 1-2	NONE	NONE	NONE
DENNIS V. BREITE 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	TREASURER 1-2	NONE	NONE	NONE
ARNOLD M. SCHRIER 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
JAMES K. COOK 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
THOMAS M. DRURY 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOSEPH O. LOSOS 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
JOHN F. RISBERG 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
LEON P. ULLENSVANG 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	SECRETARY 1-2	NONE	NONE	NONE
KATHERINE WEYHRICH 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
RONALD H. SUCHANEK 125 BALD EAGLE RIDGE VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
JOHN G. KEMPER 125 BALD EAGLE RIDGE VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
JOEL P. KICHLINE 125 BALD EAGLE RIDGE VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
BILL BERTHOLD 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
AL KLEIN 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
SCOTT LIEBEL 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
MARC LOPATA 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
JULIE MURPHY 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
JEN WOOD 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	BOARD MEMBER 1-2	NONE	NONE	NONE
MARK BUSSEN 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	ADVISORY BOARD 1-2	NONE	NONE	NONE
THOMAS W. WINTER 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	ADVISORY BOARD 1-2	NONE	NONE	NONE
RONALD C. ZDELLAR 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	ADVISORY BOARD 1-2	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
		71,000.	19,325.	NONE
GRAND TOTALS				

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ZOO PROGRAMS					293,418.
VECTOR CONTROL					53,975.
EDUCATIONAL PROG					201,535.
AF BASE PROJECTS					269,235.
HABITAT MGMT, ETC.					24,400.
ENVIRONMENTAL MGMT					131,111.
BEHAVIOR STDY/TRNG					52,045.
TOTALS					1,025,719.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	ENABLES THE ORGANIZATION TO PROVIDE EDUCATION PROGRAMS FOR ZOOLOGICAL INSTITUTIONS AND THEME PARKS THROUGHOUT THE UNITED STATES
93A	ENABLES THE ORGANIZATION TO PROVIDE TO VARIOUS COMPANIES A SERVICE OF HUMANELY REMOVING POTENTIALLY DISEASE-CARRYING PIGEONS FROM WORK FACILITIES
93A	ENABLES THE ORGANIZATION TO PROVIDE A VARIETY OF EDUCATIONAL PROGRAMS AT LONE ELK STATE PARK, CLARKSVILLE CENTER, CASTLEWOOD STATE PARK, AND AREA SCHOOLS
93A	ENABLES THE ORGANIZATION TO PERFORM BIRD CONTROL WITHIN AN AIRPORT ENVIRONMENT TO PREVENT BIRD STRIKE DAMAGE TO AIRPLANES
93A	HABITAT MANAGEMENT- ENABLES THE ORGANIZATION TO WORK WITH LOCAL BUSINESSES TO HELP RESTORE HABITAT AND ENCOURAGE WILDLIFE THROUGH NESTBOXES.
93A	ENVIRONMENTAL MGT - ALLOWS THE ORGANIZATION TO ASSIST OTHERS TO RESTORE AND MAINTAIN HABITATS AND ENCOURAGE WILDLIFE DIVERSITY.
102	SALES OF ITEMS THAT EDUCATE THE PUBLIC ABOUT RAPTORS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====  
SEE FORM 990 PART V.

FEDERAL FOOTNOTES

=====

PART IV, LINE 57A - LAND, BUILDINGS, EQUIPMENT: BASIS  
 PART IV, LINE 57B - ACCUMULATED DEPRECIATION

MACHINERY & EQUIPMENT	178,225
AUTOS & TRUCKS	175,116
BUILDINGS	2,447,111
CONSTRUCTION IN PROGRESS	9,300
	-----
	2,809,752
LESS: ACCUMULATED DEPRECIATION	816,125
	-----
	1,993,627
	=====

ALL ASSETS ARE DEPRECIATED OVER 5 TO 25 YEARS USING THE STRAIGHT  
 LINE METHOD. DEPRECIATION EXPENSE AMOUNTED TO \$128,508.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only.

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions</small>	Name of Exempt Organization <b>WORLD BIRD SANCTUARY</b>	Employer identification number <b>43-1184675</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>125 BALD EAGLE RIDGE ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>VALLEY PARK, MO 63088</b>	

**Check type of return to be filed (file a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ PATRICIA LURK

Telephone No ▶ 636 931-0590 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 03/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 08/01, 2005, and ending 07/31, 2006

**2** If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ NONE

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ NONE

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 12-2004)

RubinBrown LLP 43-0765316  
 One North Brentwood St. Louis, MO 63105